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The Committee on the Cost of Medical Care feels that its friends are entitled to reports of progress. This brief review has been prepared, therefore, to inform interested persons of the work which has been done during the two years since the committee was organized. It is issued independently of the formal series of publications which began with the Five-Year Program, distributed a little over a year ago.

Later publications in the formal series will consist largely of reports on particular studies. The first of these will be published in the autumn of 1929. After the completion of the program of studies, it is planned to prepare a final summary of the facts together with recommendations, based on the facts, for the provision of more adequate medical service for all the people.

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THE COMMITTEE ON THE COST OF MEDICAL CARE

Organized to study the economic aspects of the care and prevention of illness

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*Mr. Jones joined the staff in August, 1929.
†Mr. Rorem will join the staff in October, 1929.

THE FIRST TWO YEARS' WORK OF THE COMMITTEE ON THE COST OF MEDICAL CARE

Two years have elapsed since the creation of the Committee on the Cost of Medical Care for the purpose of studying the problem described by Olin West, the secretary of the American Medical Association, as "the one great outstanding problem before the medical profession today." This problem is, in his words, that "involved in the delivery of adequate, scientific medical care to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life." During these two years, it has become increasingly apparent that the program of the committee was undertaken at an opportune time. Among physicians and other persons engaged in providing medical care,* there appears to be a growing unrest due to inadequate facilities and compensation, and among patients there is widespread complaint because of the inadequacy and high cost of services.

Dozens of magazine articles† and scores of newspaper items, published in recent months, have emphasized the extent and keenness of popular interest in this problem. These discussions indicate a bewildering variety of opinions. They have come from many sources: from a specialist who sees the solution of the problem in the organization of medicine into group clinics, from a general practitioner who protests against such organization, from grateful patients and indignant ones, from those who deplore the passing of the country doctor and those who affirm that he still plods heroically along his path of service.

* The word "medicine" is used in this report (according to the definition of Webster) as the "science and art dealing with the prevention and cure and alleviation of disease." It therefore includes the private practice of physicians, dentists, nurses and other individuals, and the work of all types of medical and public health agencies. Similarly, the term "medical care" refers to the care provided by all the various kinds of individual practitioners and of organizations.

† A list of recent magazine articles on subjects related to the cost of medical care will be found on page 21.

These expressions of widely diverse views have been spontaneous and inevitable,—unstimulated, for the most part, by the creation of the Committee on the Cost of Medical Care. Conflicting elements in a confused situation have found voice in the complaints of the profession and of the public.

The situation itself is the result of maladjustment following several decades of rapid change. In a little more than a century, the medical profession "has done more for the race," says Sir William Osler, "than has ever before been accomplished by any other body of men. So great have been these gifts that we have almost lost our appreciation of them. Vaccination, sanitation, anesthesia, antiseptic surgery, the new science of bacteriology, and the new art in therapeutics have effected a revolution in our civilization to which can be compared only the extraordinary progress in the mechanical arts."

The new knowledge and technique, the improved equipment and the well-trained personnel, which are the indications of this extraordinary progress, have not yet been made available generally. Development of facilities for their effective utilization has lagged far behind the progress of the science of medicine and, as a consequence, many of the difficulties of the present situation have arisen. The resulting necessity for adjustment was commented on at a meeting of the Committee on the Cost of Medical Care on May 27, 1929, by Ray Lyman Wilbur.

"New forces creep into the life of the American people and, as they come, the people try to find methods of handling them," he said. "A few years ago we hardly knew what water power was. Now we control it. Then came radio. We are trying now to find means to control that. Forces just as important have come into existence in the care of the sick. They are perhaps more important because they concern not only individuals but also the race. The doctor is trying to use all modern science in the relief of the sick. Public thinking in regard to the care of the sick, on the other hand, lags behind. . . .

We must think of medical science as a new force which we are trying to master."

People are reaching out for a solution of the economic problem which has arisen from the scientific revolution in medicine, Doctor Wilbur pointed out. If the solution is to be a wise one, it will be based on a thorough consideration of the facts underlying the situation. The more facts which are made available, in Doctor Wilbur's opinion and in that of the committee, the better can be the recommendations offered and the wiser the decisions made.

The Committee on the Cost of Medical Care has been engaged for a year and a half in an actual study of the economic aspects of the care and prevention of illness. Its study is primarily a search for facts. It is in no sense committed to any theories or policies regarding the future organization of medicine. It does not know how the present obvious weaknesses in the field of curative and preventive medicine are to be remedied, and it has no intention of arriving at any conclusions until the facts have been secured. When the essential data are available, the committee hopes to be able to offer a series of recommendations designed to improve the unsatisfactory situation existing at present. At the end of its first two years of work, it has, of course, no recommendations to offer. Its progress during this period has been in the perfection of the organization of the committee itself, the formulation of a comprehensive series of studies on the economic aspects of medical service and the inauguration and execution of certain of these studies. The development of the work is briefly described in the paragraphs which follow.

The Creation of the Committee.—The committee was created after two years of preliminary conferences. During this period some sixty physicians, sanitarians and economists were consulted regarding the need for a new agency to study the economic factors affecting the organization of medicine. Virtually all of these approved the tentative plans submitted. At a conference, May 17, 1927, in Washington, held at the

time of the annual meeting of the American Medical Association, the present committee was organized, officers were elected, and a director of study was employed.

The original committee has gradually been enlarged to include representatives of various groups most interested in the problems which are being studied. It consists, at the present time, of 45 persons. Fifteen are private practitioners of medicine, 6 are engaged in public health work, 8 are representatives of hospitals, dentistry, nursing and various special interests, 5 are economists, and 11 persons represent the general public. A large proportion of the present members of the committee have attended the three semi-annual meetings which have occurred since the May, 1927, conference.

The Financial Assistance of the Foundations and Cooperating Agencies.—When the committee was organized in May, 1927, it had a tentative promise of a grant from the Twentieth Century Fund. Immediately afterward the Milbank Memorial Fund made a grant. These were followed early in 1928 by appropriations from the Russell Sage Foundation and the Carnegie Corporation of New York. The prompt and generous aid of these organizations enabled the committee to get its work under way without delay.

The Rockefeller Foundation and the Julius Rosenwald Fund added their contributions to those of the other four foundations when it became apparent that the original budget must be considerably increased for the work in 1929 and the following years. During the first year and a half, up to January 1, 1929, while the work of the committee was largely in the initiatory stage, expenditures totaled $62,370. The budget for 1929, however, provides for the disbursement of about $170,000, of which all but $40,000 (approximately) has been pledged by the six organizations mentioned above. This will mean a total expenditure on the part of the committee of close to $232,370 from July 1, 1927, to January 1, 1930.

The committee has been fortunate to secure the aid of several other agencies to be referred to later. These cooperating

agencies will have spent, by the end of 1929, an amount almost twice as great as that being spent by the Committee on the Cost of Medical Care for the same length of time. The expenditures of these organizations, according to a recent estimate, will reach approximately $460,000 for the two and one-half year period.

The Formulation of the Program of Studies.—Active work was begun with the opening of an office in Washington, D. C., in September, 1927. The executive committee held the first of its monthly meetings shortly afterward, when it began drafting the program of studies. Several weeks were spent in analyzing the many problems which it was necessary to consider and in organizing them into a balanced program. A tentative list of studies was submitted to the general committee for discussion at a meeting held in New York during November. The program of studies was finally adopted on February 13, 1928, and was then printed for distribution. Since that time a few changes and additions have been made. These are included in a revised list of studies on page 19.

The Response of the Public to the Five-Year Program.—The committee saw at the beginning of its work that, if its studies were later to be productive of results, it would be necessary to arouse the interest and obtain the support of the public and the professions concerned. It seemed desirable to secure a considerable number of well-informed and influential persons sufficiently interested in the committee's work to consider carefully its reports as they are issued from time to time. Accordingly, a letter from the chairman, Doctor Wilbur, together with a brief circular was mailed to a considerable number of carefully selected physicians, dentists, sanitarians, economists and other social scientists and various groups representing the general public, offering to place their names on the committee's mailing list in case they were definitely interested. They were invited to read the program of studies, and to send to the committee their criticisms. Many persons requested that the reports be sent to

them, and a large percentage of these agreed to send to the committee their criticisms and suggestions concerning the program.

This special effort to secure opinion brought in, within a few months, some 1,500 letters. Virtually all comments were favorable. The letters included recitals of high costs, interpretations of the high cost problem, various criticisms of the present system of medicine, specific suggestions regarding the studies, many offers of aid and a surprisingly large number of suggested remedies of the weaknesses in the present system.

*The Selection of the Research Staff.**—Considerable time and care were used in the selection of a research staff. The first member of this group began work in February, 1928. From time to time other persons have been added to the staff. They include the following:

The head of the department of sociology, on leave of absence, from the University of Buffalo, whose term of service expired July 1, 1929.

An associate professor of public health, on leave of absence, from the University of Michigan.

A former instructor of economics from Columbia University.

A former executive secretary of a western city club engaged in municipal surveys.

A statistician, who is an assistant professor of sociology, on leave of absence, from the University of Pennsylvania.

A former division chief of the United States Department of State. (This staff member was employed in April to take charge of the development of the program of public relations which was adopted at that time.)

A former member of the research staff of the Foreign Policy Association, who began work with the staff of the committee on August 1, 1929.

An associate professor of accounting in the University of Chicago, now employed on a part-time basis by an agency

* The names of the members of the research staff are listed on page 6.

cooperating with the committee, who will join the staff of the committee—on a half-time basis October 1, and on whole-time January 1, 1930.

The Inauguration and Conduct of Certain Early Studies.—The primary interest of the committee, of course, is in the conduct of studies. Once the program was outlined and the first staff member selected, attention was directed to the inauguration of certain studies which seemed entitled to priority.

Members of the research staff, immediately upon employment, were assigned to studies deserving early attention. Cooperating agencies undertook other important researches. Among these the American Medical Association and the Metropolitan Life Insurance Company have each assumed the responsibility for an important study, and the United States Public Health Service has definitely agreed to analyze and tabulate a large number of schedules in connection with another. A number of state and local health departments and visiting nurse associations in ten states are assisting in this latter study. In addition, conferences are being held with the American Dental Association, the Institute of Human Relations at Yale University, the National Drug Trade Conference, the National Committee for Mental Hygiene, the Social Science Research Council and the National Bureau of Economic Research concerning the conduct of studies on a cooperative basis.

Four studies are now completed and in manuscript. These will be ready for publication early in the fall. Eight additional studies are under way, and plans have been made for the immediate inauguration of five others. A detailed report on the status of these studies will be found on page 16.

The procedure adopted by the committee for the approval of reports provides that after a report has been prepared by a staff member, it is revised in accordance with the suggestions of the executive and general committees, and then submitted for final approval. In case any member objects to any report or to any section of any report, he will have the

privilege of inserting a dissenting statement in a suitable place in the printed report.

The Appointment of Various Subcommittees.—Members of the staff have been assisted to a marked degree in the development of their various studies by the advice of subcommittees of the general committee. Four subcommittees were appointed prior to the May, 1928, meeting, as follows:

Committee on Capital Investment and Income in Private Practice.

Committee on the Incidence and Cost of Sickness.

Committee on Existing Facilities for the Treatment and Prevention of Disease.

Committee on Recent Experiments in Medical Service.

Somewhat later a fifth subcommittee, the Committee on Public Relations, was formed. This committee has been augmented by the inclusion in its membership of two interested persons who are not members of the general committee. They are Frederick William Wile and Harry Slattery, both of Washington, D. C.

The Committee on the Cost of Medical Care hopes that it may be possible to work out plans for the provision of adequate and efficient therapeutic and preventive treatment for all the people, regardless of economic status, at a reasonable cost to the individual which, at the same time, will give physician, dentist, nurse, hospital and other agents assurance of adequate return. What plans will be developed, the committee does not know. After a year and a half of study, however, it believes that its investigations will define the difficulties of the present situation and will result in helpful recommendations.

In its search for facts on which to base its recommendations, the committee hopes to obtain the assistance and cooperation of various individuals and of other organizations not included among those now assisting, or planning to assist, in the committee's own program of studies. The committee hopes to act

as a lens to focus all the different rays of information available to the end that the plans finally formulated may be the best ones possible.

Until such time as the full facts may be made available regarding the many phases of the problem involved in the provision of adequate, scientific medical care for the people, the committee, it should be reiterated, will have no recommendations whatsoever to offer. While the facts are being accumulated, however, it is the committee's intention to issue from time to time, reports on the various studies.

THE PRESENT STATUS OF STUDIES—A DETAILED STATEMENT

Studies Completed

No. 1. "The Extent of Illness and of Physical and Mental Defects Prevailing in the United States—a Compilation of Existing Material." It is not the intention of this study to provide new data on the extent of sickness, but to furnish a summary of existing data in convenient form, which will bring the information of the public up to a point from which the committee's own studies will start.

No. 4. "A Survey of Statistical Data on Medical Facilities in the United States—a Compilation of Existing Material." This study indicates the number and distribution of physicians, dentists, nurses and various other practitioners in the United States as well as the number of institutions and health agencies of various kinds, available for the treatment and prevention of the illnesses and defects described in the earlier study.

No. 11. "Medical Care for Thirty-four Thousand Workers and Their Families—A Survey of the Endicott Johnson Workers Medical Service." The study deals with the medical services of the Endicott Johnson Corporation in New York State. It provides a descriptive account of the medical service, together with a discussion of its cost and adequacy. Certain features of the medical practice in surrounding communities are compared with those of the Endicott Johnson service.

No. 18. "Hospital Service for Patients of Moderate Means." This study provides data on the special efforts made by certain hospitals in the United States and Canada providing special facilities and financial adjustments for those patients not accepting or not acceptable for charity service, but who,

at the same time, cannot pay the rates usually charged for private service.

Studies Under Way

No. 5. "Surveys of the Medical Services of a Large City, a Small City, and a Rural Community." A study of facilities in Philadelphia was begun in May, 1929. Data being gathered by the Hospital and Health Survey of Philadelphia and several national agencies, together with those made available by the committee's study, will afford a complete picture of all medical and health facilities in one of the largest cities of the country.

A study of facilities in Shelby County, Indiana, has also been started.

No. 5a. "Irregular Types of Medical Practice." A little field work has been done on this study in New Orleans, Louisiana. It is being conducted through the summer in other parts of the country.

No. 6. "The Cost of Sickness, during a 12 Months' Period, among Various Representative Population Groups, including the Incidence of Sickness." Ten states and four additional cities have been covered. According to present plans complete schedules will be obtained from approximately 10,000 families showing their expenditures for all forms of care in sickness.

No. 6a. "The Cost of Sickness, during a 12 Months' Period, among Policyholders of the Metropolitan Life Insurance Company, including the Incidence of Sickness." This study was inaugurated July 1, 1928, by the Metropolitan Life Insurance Company. With the aid of field agents, attractive schedules in the form of calendars were distributed among policyholders. The company expects to obtain 100,000 schedules, each covering a period of at least six months.

No. 9. "Capital Investment and Income in Private Practice." The American Medical Association is carrying on this

study, and has already collected a considerable number of returns on income as well as on investment.

No. 10. "Capital Investment in Hospitals and Clinics." With the aid of a special fund provided by the Rockefeller Foundation, and with the cooperation of the committee, Michael M. Davis is conducting this study. A professor of accountancy from the University of Chicago has been employed to have immediate charge of it.

No. 10b. "Bases for Financial Adjustments among Hospital Patients." Visits are now being made among approximately 25 sample hospitals which are attempting to provide financial adjustments for persons of moderate means.

Studies Being Planned for the Near Future

No. 5b. "The Service of Pharmacy." A committee of the National Drug Trade Conference has been appointed to cooperate with the Committee on the Cost of Medical Care in conducting this study. It is also possible that the aid of the Bureau of the Census may be available.

No. 5c. "The Organization of Medicine from a Functional Point of View." This study will be a collaboration by a physician and an economist.

No. 9a. "Capital Investment and Income of Dentists in Private Practice." Followng the example of the American Medical Association, it is hoped that the American Dental Association may undertake a study of capital investment and income among dentists. A special committee of the American Dental Association has been appointed to cooperate.

No. 17. "Existing Applications of the Insurance Principle to Illness and Accident in the United States." The plan for this study has been completed. It is hoped that an interested organization may be induced to supply part of the funds for this study and that another research agency may agree to undertake the work.

THE REVISED LIST OF STUDIES

I

Preliminary surveys of data showing the extent of disease and disability requiring medical services and of generally existing facilities for dealing with these conditions.

1. The extent of illness and of physical and mental defects prevailing in the United States,—a compilation of existing material.

2. The prevalence of certain disorders which appear to be among the most serious causes of disability and inefficiency.

3. The proportion of persons, both adults and school children, not disabled, who are in need of medical service.

4. A survey of statistical data on medical facilities in the United States,—a compilation of existing material.

5. Surveys of the medical services of a large city, a small city and a rural community.

5a. Irregular types of medical practice.

5b. The service of pharmacy.

5c. The organization of medicine from a functional point of view.

II

Studies on the cost to the family of medical services and the return accruing to the physician and other agents furnishing such services.

6. The cost of sickness, during a 12 months' period, among various representative population groups, including the incidence of sickness.

6a. The cost of sickness, during a 12 months' period, among policyholders of the Metropolitan Life Insurance Company, including the incidence of sickness.

6b. The cost of living in the United States, including detailed information regarding expenditures for medical service.

6c. The total cost of disease in the United States.

7. The influence of specialization on the cost of medical service.

8. The cost of adequate medical service for a family during a 12 months' period.

9. Capital investment and income of physicians in private practice.

9a. Capital investment and income of dentists in private practice.

10. Capital investment in hospitals and clinics.

10a. The relation between charges made to patients in hospitals and the actual cost of their care.

10b. Bases for financial adjustments among hospital patients.

III

Analyses of specially organized facilities for medical care now serving particular groups of the population.

11. Organized medical service in industry and in universities.

11a. Organized medical service in the United States Army.

12. Pay clinics and group clinics.

13. Recent developments in services rendered to persons not indigent by state, municipal, and county hospitals.

14. Visiting nurse societies.

15. School health service.

16. The extent of private medical service on a yearly basis.

17. Existing applications of the insurance principle to illness in the United States.

18. Hospital service for patients of moderate means.

The program of studies was adopted February 13, 1928. The above list includes those which were added between that date and July 1, 1929.

A LIST OF SOME RECENT MAGAZINE ARTICLES ON SUBJECTS RELATED TO THE COST OF MEDICAL CARE

This list has been compiled merely for the convenience of persons interested in the current discussion of the economic problems involved in the care and prevention of illness. In no way is the Committee on the Cost of Medical Care to be considered as endorsing the views of authors whose articles are here listed. The material included indicates the extent of public interest in these problems and represents a variety of opinions concerning them. For the most part, the articles have appeared in magazines of general circulation. Because of their particular interest, a few discussions published in journals addressed to a more limited audience, have been included.

Anne Miller Downes, "The Cost of Illness," *The Atlantic Monthly,* October, 1927.

Michael M. Davis, "When Sickness Hits the Pocketbook," *Survey Graphic,* November, 1927.

W. W. Keen, M.D., "What It Costs the Doctor," *The Atlantic Monthly,* January, 1928.

Michael M. Davis, "The Blunderbuss of Sickness," *Survey Graphic,* January 15, 1928.

Michael M. Davis, "Sickness Bills and the Sliding Scale," *The Survey,* February 1, 1928.

Michael M. Davis, "The Doctor's Kit of Tools," *The Survey,* May 1, 1928.

"Cost of Medical Service," *Monthly Labor Review,* May, 1928.

"High Cost of Illness," *Outlook,* June 6, 1928.

"Country Doctors," *Outlook,* June 13, 1928.

"Public Health and the Physician," *Science,* June 15, 1928.

"The High Cost of Health," *Literary Digest,* June 30, 1928.

Joseph C. Collins, M.D., "Group Practice in Medicine," *Harpers Magazine,* July, 1928.

Michael M. Davis, "How Pay Sickness Bills," *The Survey,* September 1, 1928.

Joseph Garland, M.D., "The Patient Pays the Piper," *Independent,* September 15, 1928.

Lloyd Morris, "Mammon, M. D.," *Harpers Magazine,* October, 1928.

T. Swann Harding, "The High Cost of Doctoring," *North American Review,* October, 1928.

H. E. Kleinschmidt, M.D., "The High Cost of Medical Service," *Journal of the Outdoor Life,* October, 1928.

Gilbert W. Haigh, M.D., "Medicine's Greatest Problem: The Need of State Medicine," *American Journal of Sociology,* November, 1928.

Chester T. Crowell, "Hospitals," *American Mercury,* November, 1928.

E. B. Little, "National Health Insurance," *Nineteenth Century,* November, 1928.

L. W. Burbank, M.D., "Passing of the Country Doctor," *The Vermont Alumni Weekly,* November 7, 1928.

Wingate M. Johnson, M.D., "A Family Doctor Speaks His Mind," *Harpers Magazine,* December, 1928.

Michael M. Davis, "The Economic Basis of Medical Charges," *International Clinics,* Vol. II, Series 38, (1928).

A. F. Van Bibber, M.D., "The Swan Song of the Country Doctor," *North American Review,* January, 1929.

Gilbert W. Haigh, M.D., "State Medicine: Boon or Bogy?" *North American Review,* February, 1929.

W. S. Rankin, M.D., "The Economics of Medical Service," *American Journal of Public Health,* April, 1929.

"The Chicago Public Health Institute Has a Newspaper Holiday," *The Journal of the American Medical Association,* April 20, 1929.

Karl W. Detzer, "They Shall Not Pass," *North American Review,* April, 1929.

Philip Wagner, "The Odyssey of a Sick Man," *The New Republic,* April 17, 1929.

Frederic Babcock, "Shall Doctors' Fees Be Lowered?" *The Nation,* April 24, 1929.

Ray Lyman Wilbur, M.D., "The Relationship of Medical Education to the Cost of Medical Care," *The Journal of the American Medical Association,* April 27, 1929.

Carroll P. Streeter, "The Rural Medicine Situation," *The Farmer's Wife,* May, 1929.

Louis I. Dublin, Ph.D., and Thaddeus P. Hyatt, D.D.S., "Teeth and Health," *Harpers Magazine,* May, 1929.

Michael M. Davis, "The Patient of Moderate Means—Shall We Help Him?" *The Modern Hospital,* May, 1929.

Frank E. Chapman, "The Patient of Moderate Means—How Shall We Help Him?" *The Modern Hospital,* May, 1929.

Frederick A. Washburn, M.D., and W. Franklin Wood, M.D., "The Patient of Moderate Means—How We Have Helped Him," *The Modern Hospital,* May, 1929.

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